Attorney: GUTHRIE, DARREN

Pob 85

B10 (Official Form 10) (4/98)

Jerome, ID 83338

Trustee: L FITZGERALD

Pob 6199

88 Pocatello, ID 83205

CH 13

PROOF OF CLAIM UNITED STATES BANKRUPTCY COURT Boise 1D District of Case Number PAT HINTON AND HOLLY K HINTON 9941638 U.S. DISTRICT COURT U.S. BANKRUPTCY COURT DISTRICT OF IDAHO NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed to 11 U.S.C. § 503. Name of Creditor (The person or other entity to whom the debtor owes Check box if you are aware that money or property.) anyone else has filed a proof of claim relating to your claim. Greenwood Trust Company Attach copy of statement giving particulars. Name and address where notices should be sent: DGED... Check box if you have never received Discover Financial Services any notices from the bankruptcy court P.O. Box 8003 in this case. Hilliard, OH 43026 Check box if the address differs from the address on the envelope sent to Telephone Number: 800-347-5515 you by the court. THIS SPACE IS FOR COURT USE ONLY Account number or other number by which creditor identifies debtor: replaces Check here 6011009313522760 Discover Card if this claim amends a previously filed claim, dated: 1. Basis for Claim. Retiree benefits as defined in 11 U.S.C. § 1114(a) ☐ Goods sold Services performed Wages, salaries, and compensation (Fill out below) Money loaned Your SS # : _ Personal injury/wrongful death Unpaid compensation for services performed ☐ Taxes _ to _ X Other Itemized statement attached. 2. Date debt was incurred: 3. If court judgment, date obtained: 4. Total Amount of Claim at Time Case Filed: 2,297.50 If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. Check this box if claim includes interest of other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or other charges. 5. Secured Claim. 6. Unsecured Priority Claim. Check this box if you have an unsecured priority claim. L Check this box if your claim is secured by collateral (including a right of setoff). Amount entitled to priority: \$ Specify the priority of the claim: Brief Description of Collateral: Wages, salaries, or commissions (up to \$4300)*, earned not more than 90 days before filing Real Estate Motor Vehicle of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507 (a)(3) U Other Contributions to an employee benefit plan - 11 U.S.C § 507 (a)(4) Up to \$1,950* of deposits toward purchase, lease, or rental of property or services Value of Collateral: for personal, family, or household use - 11 U.S.C § 507 (a)(6) Alimony, maintenance, or support owed to a spouse, former spouse, or child -11 U.S.C. § 507 (a)(7) Taxes or penalties of governmental units - 11 U.S.C. § 507 (a)(8) Amount of arrearage and other charges at time case filed included Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(_ *Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect in secured claim above, if any: \$ to cases commenced on or after the date of adjustment. THIS SPACE IS FOR COURT USE ONLY 7. Credit: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). 10/27/99 **Brenda Bowers** Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C §§ 152 and 3571

PAT HINTON AND HOLLY K HINTON 1006 4th Ave Dr Jerome, ID 83338

Discover Card	Account Number: 6011009313522760		
STATEMENT DATE:	10/27/99		
	PREVIOUS BALANCE	\$ 2,357.50	
	PAYMENTS AND CREDITS	\$ 60.00	
	PURCHASES	\$ 0.00	
	CASH ADVANCES	\$ 0.00	
	POST PETITION PAYMENTS AND CREDITS	\$ 0.00	
	BALANCE (as of Filing Date)	\$ 2,297.50	
	POST PETITION PURCHASES	\$ 0.00	
	POST PETITION CASH ADVANCES	\$ 0.00	
	POST PETITION BALANCE	\$ 0.00	

STATEMENT SUMMARY

State of Delaware	,	
)	S
County of New Castle)	

POWER OF ATTORNEY

Greenwood Trust Company, a banking corporation organized and existing under the laws of the State of Delaware and having an office at 12 Read's Way, New Castle County, Delaware ("Principal"), constitutes and appoints the employees of the recovery center for Discover Financial Services, Inc. located in Hilliard, Ohio, its true and lawful attorneys-in-fact for the following purposes:

To assert on its behalf any claims in bankruptcy or in probate that if may have by reason of its having loaned money to a person who becomes a debtor or a decedent, and to sign on its behalf any documents necessary for the assertion, processing and filing of those claims.

To act on its behalf in retaining legal counsel to pursue any legal claims that it may have by reason of its having loaned money to persons who have not repaid it, and to sign on its behalf of any documents necessary for the assertion or pursuit of those claims.

(SEAL)

Principal, through its executive committee, ratifies and confirms everything attorneys-in-fact may lawfully do in the mentioned matters by virtue of this instrument.

In witness whereof, principal has caused this instrument to be sealed with its corporate seal, duly attested by the signature of its president, J. Nathan Hill on April 7, 1999.

By

J. Nathan Hill, President

Greenwood Trust Company

Pob 6199
Pocatello, ID 83205

B10 (Official Form 10) (4/98)

CH 13

Case Number Case Number Sp041638	UNITED STATES BANKR	UPTCY COURT Boise	_District ofID	PROOF OF CLAIM	
NOTE: This form abould not be used to make a claim for an administrative exponse arining size the communications of the case. A roposal for payment of a administrative exponse may be filte to 11 U.S.C. § 300. Makes of Crofling. The payment of the administrative exponse may be filted to 11 U.S.C. § 300. Makes of Crofling. The payment of the administrative exponse may be filted to 11 U.S.C. § 300. Makes of Crofling. The payment of the administrative exponse may be filted to 11 U.S.C. § 300. Makes of payment and administrative exponse may be filted to 11 U.S.C. § 300. Makes of payment and administrative exponse may be filted to 11 U.S.C. § 300. Makes of payment and approximate filted to 11 U.S.C. § 300. Makes of the payment of the filted to 11 U.S.C. § 300. Makes of the payment of the backs repaired to the payment of the backs repaired to the payment of the administrative exponse of the administr	Name of Debtor:		Case Number		
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Discover Financial Services P.O. Box 8003 Hillard, OH 43026 Tectylanew Number: 800-347-5515 Check her if the address differs \$000.50 the address on the envelope sen to by the Count. Services performed Goods sold Germany of the character of the market by which could be serviced by the count. Services performed Services performed Herning of the services performed the services of the services the services of the services performed the services of the ser	money or property.)			BANKRUPTCY COURT	
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Basis for Claim.	Account number or other number	er by which creditor identifies debtor:	you by the court.	THIS SPACE IS FOR COURT USE ONLY	
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Money loaned Your SS #: Unpaid compensation for services performed	Services performed		Wages, salaries, and compensation (Fill	out below)	
Taxes South Itemized statement attached. Itemized statement Itemized					
Locate debt was incurred: 3. If court judgment, date obtained:		ful death	Unpaid compensation for services perfo	rmed	
2. Date debt was incurred: 3. If court judgment, date obtained: 4. Total Amount of Claim at Time Case Filed: 5. 2,297.50 That or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. Check this box if claim includes interest of other charges in addition to the principal amount of the claim. Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: Wages, salence, or commissions to guo 943007, carred not more than 90 days before filing of the bankrupery petition or cessation of the debut's business, whichever is earlier of 11 U.S.C. 5 307 (a)(6) Contributions to an employee benefit plan - 11 U.S.C. 5 307 (a)(6) Amount of arrearage and other charges at time case filed included in secured claim above, if any: 5. Credit: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are root available, explain. If the documents are voluminous, attach a summary. Sign and print the name and title, if any, of the creditor or other person authorized to file this chaim (autach copy of power of attorney, if any). Brenda Bowers 3. If court judgments, date obtained. 4. Total Amount of the claim. Amount entitled to priority Claim. Check this box if you have an unsecured priority claim. Check this box if you have an unsecured priority claim. Check this box if you have an unsecured priority claim. Check this box if you have an unsecured priority claim. Check this box if you have an unsecured priority claim. Amount entitled to priority. S	_	termized statement ottocked	from	to	
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in secured claim above, if any: **Immunits are subject to adjustment on 41/10 and every 3 years theregher with respect to cases commenced on or after the date of adjustment. 7. Credit: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. 8. Supporting Documents: **Interval Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim. Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any). Brenda Bowers **INIS SPACE IS FOR COURT USE ONLY THIS SPACE IS FOR COURT USE ON	Amount of arranges and other shares as time and Cl. 1. 1. 1. 1.				
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	10/27/99		Drawle Q.		
	Panalty for press				

PAT HINTON AND HOLLY K HINTON 1006 4th Ave Dr Jerome, ID 83338

Discover Card	Account Number: 6011009313522760		
STATEMENT DATE:	10/27/99		*
	PREVIOUS BALANCE	\$ 2,357.50	
	PAYMENTS AND CREDITS	\$ 60.00	
	PURCHASES	\$ 0.00	
	CASH ADVANCES	\$ 0.00	
	POST PETITION PAYMENTS AND CREDITS	\$ 0.00	
	BALANCE (as of Filing Date)	\$ 2,297.50	
	POST PETITION PURCHASES	\$ 0.00	
	POST PETITION CASH ADVANCES	\$ 0.00	
	POST PETITION BALANCE	\$ 0.00	

STATEMENT SUMMARY